



Harvest Missions

Authorization and Consent for Treatment and Hold Harmless Form

Trip Dates: _____ Destination: Mexico _____

I the undersigned, hereby agree to the performance of such treatment, medical, dental, healthcare, examination, diagnosis, x-ray, prescriptions, surgery, anesthetics, transportation and/or any other care treatment or procedure, in the opinion of any attending physician or local healthcare professional deem is necessary or advisable on me.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree to hold harmless Harvest Christian Fellowship, its trustees, agents, leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by me (Participant) or the participant minor named on this form. This includes travel to and from the activity with a volunteer driver or another third party.

A copy of this authorization shall be effective as an original for all intents and purposes.

If I drive a vehicle on the trip, I hereby declare that I carry full coverage insurance in an amount adequate to cover any potential liability that may arise. Participant hereby acknowledges that Harvest Christian Fellowship has not completed any background checks or DMV research on any of the drivers that you may ride with.

Participant Information			
Name _____	Date of Birth _____	Age _____	
Home Address _____	City _____	State _____	Zip _____
Phone _____	Email Address: _____		
Signatures:			
Participant _____	Date Signed _____		
(If participant <i>is not</i> a minor)			
Parent/Guardian _____	Date Signed _____		
(If participant <i>is</i> a minor)			
Witness _____	Date Signed _____		
Please list any known allergies: (IMPORTANT: Please include any food allergies.)			

Please list any medications currently being taken:			

Person to Notify in Emergency _____		Phone _____	
Alternate Phone _____		Relationship _____	